Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047 2008

Department of the Treasury

SCANNED DEC 0 3 2003

Inte	rnal Reve	enue Service	l	► The organizatio	n may have to	use a copy of this reti	irn to satisty state rep	orting requirem	ents.	en to rubite mapeemor
_	For th	ne 2008 calendar	year, o	or tax year begin	nning 7/	01	, 2008, and end	ling 6/3	0	, 2009
В	Check if	f applicable							D Employer Iden	tification Number
-		Plea	ase use Siabel	PREVENT CH	IILD ABU	SE UTAH		1	74-2434	1274
	┝─┤	· 01	rprint rtype,			LEVARD #104	:	ŀ	E Telephone num	
	\vdash		See	OGDEN, UT				1	801-393	
	\vdash	ln-	struc-	,				-	001-393	3-3300
	Ter	rmination ti	ions.					1		
	Am	nended return							G Gross receipts	
	Ap	plication pending F	Name a	nd address of principa	l officer				group return for aff	filiates? Yes X No
		SA	ME A	S C ABOVE				1	iffiliates included? ttach a list (see in	Yes No
ı	Tax-	-exempt status ∑	X 501	(c) (3)	(insert no)	4947(a)(1) or 527	11 110, 2	ttacifa list (see iii	sudelionsy
J	Web	osite: ► WWW.]	PREV	ENTCHILDABI	USE.ORG			H(c) Group e	xemption number	>
ĸ	Type		Corpora		Association	Other ►	L Year of Form			legal domicile UT
	art I	Summary	00.00.0	3011 111031	7100000011	7 00101			1 02.00	ioga: dofiniono o z
<u></u>	~	Briefly describe t	bo ora	anization's miss	ion or most	cianificant activit	DDEVENT	TON OF C	מומג מדטי	ZE
	' '	briefly describe i	ne org	ai ii2ati0i i 5 i iii55i	1011 01 111051	signinicant activit	es TVEAEMI	TOW OF C	TITTO WDO	<u> </u>
Activities & Governance] -		_	-			_	-	·	
лаг	-	-	_	-	_ 			-	· -	-
Je.	-						-			-
ő		Check this box				ied its operations	or disposed of n	nore than 25	1 - 1	
ಷ	1	Number of voting		-			V/I 1 153		3	28
es	1	Number of Indepe			-	erning body (Pari	VI, line Ib)		4	28
ξ		Total number of e							5	26
Ę		Total number of v							6	150
4	1	Total gross unrela					nn (C)		7a	0.
	b	Net unrelated bus	siness	taxable income	from Form 9	990-T, line 34			7b	0.
								Pri	ior Year	Current Year
a.	8 (Contributions and	d grant	s (Part VIII, line	1h)			_	730,541.	1,084,624.
Revenue		Program service i								75,838.
Š		Investment incom		•		l. and 7d)			14,105.	20,494.
æ		Other revenue (P					e)			16,621.
		Total revenue – a						-	780,583.	1,197,577.
_		Grants and simila					. (. 1/)		33,884.	2/20//0///
								<u> </u>	33,004.	
	l	Benefits paid to o		· ·					200 700	F42 015
Ø	ı	Salaries, other co		· -			N), lines 5-10)	ļ	382,700.	543,815.
Expenses	16a F	Professional fund	lraisi∩g	, fees (Part IX, c	olumn (A),	line 11e)		L		
be	b 3	Total fundraising	expen	ses (Part IX, col	umn (D). Iin	e 25) ►	42,762.			
û	1	Other expenses (I							260,197.	286,267.
	10 7	Dulei expelises (i	railiz Nalaliza	., column (A), iii	les Harrid	, 111-241)			676,781.	
	18	Total expenses. A	taa iin	es 13-17 (must e	equal Part 17		927)			830,082.
	19 F	Revenue less exp	enses	. Subtract line 18	s from line	2			103,802.	367,495.
Not Assets or Fund Balances					73		8	Beginn	ning of Year	End of Year
100	20 T	Total assets (Part	t X, Im	e 16)	壶	NOV 172	88S-OS		668,626.	925,780.
A B	21 T	Total liabilities (Pa	art X, I	line 26)	151		82		51,938.	70,295.
ş	22 1	Net assets or fund	d halan	ices. Subtract lic	e 21 fram lu	PEDENI			616,688.	855,485.
Pa	rt II	Signature				WALLIE,			02 9/ 000.7	
•								-1	Harter Art La	1-1
		true, correct, and cor	egury, i mplete (Declare that I have expended	r (other than of	icer) is based on all in	ormation of which prep	atements, and to parer has any kn	owledge	owledge and belief, it is
c: -				An.	nut			1 /	1 1/	119
Sig			me.	, Juny	nus	n			0 1/00	707
He	re	Signature of office						Date	4	
		ANNE FRI						EXECU	CIVE DIREC	<u> </u>
		Type or pnnt na	me and t	ıte						
			(V)		,		Date	Che	ck if Pro	eparer's identifying number se instructions)
Pai	id		X \	//	[///.	c 01		self	loyed ►	oo maracaana,
Pre		Preparer's signature	/ V ,	$l_{n_{i}}\setminus\mathcal{A}$.	KOU.	('194	11-12-		· ——/	00141030
pai	rer's	ļ <i>\</i>	JAME	S & CO. BU	SINESS/	ADVISORS/CP				00141000
Us	е	yours if self				TATORO/CE	עט		. 07.04	00202
On	ly	employed),	<u>3535</u>					EIN	▶ 87-04	
		ZIP + 4	OGDE					Phor	ne no ► (801	
Иау	the IR	S discuss this re	turn w	th the preparer :	shown abov	e? (see instructio	ns)			X Yes No
2 4 /		N A I E	·	and Dadina		41				60 Form 990 (2009)

<u>Form</u>	990 (2008) PREVENT CHILD ABUSE UTAH	74-2434274	Page 2
Par	Statement of Program Service Accomplishments (see instructions)		
1	Briefly describe the organization's mission		
	PREVENTION OF CHILD ABUSE		
2	Did the organization undertake any significant program services during the year which were not listed on the p	rior	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services:	? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by ex	xpenses Section 501(c)	(3)
	and 501(c)(4) organizations and section 4947(a)(1) trusts agregated to report the amount of grants and allo	cations to others, the to	tal
	expenses, and revenue, if any, for each program service reported		
			
4 a	a (Code)
	CHILD ABUSE PREVENTION PROGRAMS - PROVIDED PROGRAMS FOR MORE THAN	<u> 66,000 PARENT</u>	S AND
	CHILDREN		
			
4 b	COODE (Code	evenue \$	ONALS
40	(Code	evenue \$)
	_	-	
		-	
	J. Other program activities (December in Cabadida O.)		
40	d Other program services (Describe in Schedule O))
	(Expenses \$ including grants of \$) (Revenue \$		<i>)</i>
4e	e Total program service expenses ► \$ 695,506. (Must equal Part IX, Line 25, column (B)	<u>'</u>	

Form 990 (2008) PREVENT CHILD ABUSE UTAH 74-2434274 Page 3 Checklist of Required Schedules No Yes is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Х Schedule A X 2 is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part 4 X Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds of accounts? If 'Yes,' complete Schedule D, Part I 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' X complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete 9 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D. Part V X 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, 11 X VII, VIII, IX, or X as applicable 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII X 12 X Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the US.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If 'Yes,' complete Schedule F, Part I X 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III X 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I 17 X 18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G. Part III 19 20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H Х 20 21 Did the organization report more than \$5,000 on Part IX, column (A), line 17 If 'Yes,' complete Schedule I, Parts I and II X 21 X 22 Did the organization report more than \$5,000 on Part IX, column (A), line 27 If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c 24d

d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's fax year? If Yes, complete Schedule L, Part II

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III

Form 990 (2008)

25a

25b

26

27

X

X

X

X

Part IV Checklist of Required Schedules (continued) Yes No 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV Χ 28a b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV Χ 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV X 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If 'Yes,' complete Schedule M Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Χ Schedule N, Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, X 34 line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2Х 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is

treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI BAA

37

X

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Form 990 (2008) PREVENT CHILD ABUSE UTAH 74-243427	4	F	age :
Part V Statements Regarding Other IRS Filings and Tax Compliance			
		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US Information Returns Enter -0- if not applicable	-} :		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 26	f 1		
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	,		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	_	Х
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b If 'Yes,' enter the name of the foreign country	[
See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to guestion 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5с		
6a Did the organization solicit any contributions that were not tax deductible?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		Х
h For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	<u> </u>		
BAA	Forn	n 990	(2008

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Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Se	ction A.	Governing Body and Management				
	For each	Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, es, or changes in Schedule O. See instructions	describe the circumstances,		Yes	No
1	a Enter the	e number of voting members of the governing body	1a 28			
	b Enter the	e number of voting members that are independent	1ы 28			
2	Did any officer, d	officer, director, truste <i>e</i> , or key employee have a family relationship or a busines <i>s</i> re lirector, trustee or key employee? SEE_SCHEDULE_O	elationship with any other	2	Х	<u> </u>
3	Did the o	organization delegate control over management duties customarily performed by or use, directors or trustees, or key employees to a management company or other perso	under the direct supervision on?	3		Х
4		rganization make any significant changes to its organizational documents		4		X
		prior Form 990 was filed?				
5		organization become aware during the year of a material diversion of the organization	n's assets? SEE SCH 0	5	X	77
6		organization have members or stockholders?		6		X
		-		7a	X	
	•	decisions of the governing body subject to approval by members, stockholders, or of	·	7b		<u>X</u>
8		rganization contemporaneously document the meetings held or written actions unde ving SEE SCHEDULE 0	ertaken during the year by			
		rning body?		8a	X	
		nmittee with authority to act on behalf of the governing body?		8b		<u>X</u>
		organization have local chapters, branches, or affiliates?		9 a		_X
	and bran	does the organization have written policies and procedures governing the activities of the organization?		9 b		
10	Was a co describe	py of the Form 990 provided to the organization's governing body before it was filed in Schedule O the process, if any, the organization uses to review the Form 990 $$ S	^{1?} All organizations must EE SCHEDULE 0	10	X	
	organızat	iny officer, director or trustee, or key employee listed in Part VII, Section A, who callion's mailling address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	nnot be reached at the	11		<u>X</u>
Sec	ction B.	Policies				
12	- D tha	annonmentary begins a symbol and first of systems to all 12 16 May 1 and 1 and 12		10	Yes	_No_
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a	_^	
	to conflict			12b	Х	
		organization regularly and consistently monitor and enforce compliance with the policy how this is done SEE SCHEDULE 0	licy? <i>If 'Yes,' describe i</i> n	12c	Х	
		organization have a written whistleblower policy?		13	X	
		organization have a written document retention and destruction policy?		14	X	
		rocess for determining comp <i>e</i> nsation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and dec	approval by independent cision:			
		nization's CEO, Executive Director, or top management official?		15a	X	 _
ı		cers of key employees of the organization?		15b		<u>X</u>
16		the process in Schedule O. (see instructions)			1	
	entity duri	ganization invest in, contribute assets to, or participate in a joint venture or similaring the year?	,	16a		X
ŀ	ın joint ve	as the organization adopted a written policy or procedure requiring the organization nture arrangements under applicable federal tax law, and taken steps to safeguard n respect to such arrangements?	to evaluate its participation the organization's exempt	16b		
Sec		Disclosures				
17	List the st	ates with which a copy of this Form 990 is required to be filed NONE		_		
18	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an Indicate how you make these available Check all that apply	nd 990-T (501(c)(3)s only) av	aılable	_ _ for p	ublic
	Own v	vebsite Another's website X Upon request				
19	Describe i statement	n Schedule O whether (and if so, how) the organization makes its governing docum s available to the public.	ents, conflict of interest police	cy, an	d finai	ncıal
		name, physical address, and telephone number of the person who possesses the bo REIMUTH 2955 HARRISON BOULEVARD OGDEN UT 84409 801-		nızatı	on.	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) or more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers; key employees, highest compensated employees, and former such persons.

Check this box if the organization did	not comper	nsate a	any	offic	er, «	directo	or, tr	rustee, or key employ	ee	
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours	Pos	ition	(chec	all t	hat app	ly)	Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W-2/1099 MISC)	amount of other compensation from the organization and related organizations
KATHERINE L TURNBAUGH										
TREASURER	0	X		X				0.	0.	0.
ERNI ARMSTRONG										
MARKETING CHAIR	0	X	L.					0.	0.	0.
ANTHONY KAYE										
DIRECTOR	0	Х						0.	0.	0.
GUY CLIFTON										
COMMUNITY REP	7 0	Х						0.	0.	0.
DARREN SHEPHERD										
PAST PRESIDENT	7 0	X			J			0.	0.	0.
DAVE CORRELL										
DIRECTOR	7 0	X						0.	0.	0.
BILL BARNES										
DIRECTOR	7 0	Х]			0.	0.	0.
TONY DIVINO										
DIRECTOR	7 0	Х			1			0.	0.	0.
DOUG FULLERTON										
DIRECTOR	7 0	Х				- 1	}	0.	0.	0.
SHERYL COX					~ 7					
DIRECTOR	7 0	Χ			- 1	- }		0.	0.	0.
CRAIG DEARDEN		~								
DIRECTOR	7 0	Х		}		- 1		0.	0.	0.
MARK DECARIA										
DIRECTOR	7 0 1	Х	l	- 1	ı	l		0.	0.	0.
DARCI GIRDLER					\neg		$\neg \uparrow$			
DIRECTOR	7 0 1	х		- 1	-	1	1	0.	0.	0.
KARIN LOCKOVICH						$\neg \neg$				
DIRECTOR	7 0	Х	- 1	- 1	1	1	1	0.	0.	0.
CYNTHIA DIVINO			7		i					<u></u>
DIRECTOR	7 o 1	Х	1		ı	!	- 1	0.	0.	0.
ANITA DUTSON	 			\dashv						
DIRECTOR	7 0 1	Х				1		0.	0.	0.
JUDGE ROGER S. DUTSON	 	 -	\dashv	-	+		-			<u>-</u>
DIRECTOR	7 0 1	Х				ł		0.	0.	0.
RAA			<u></u> L	1071	04.5	24/09				Form 990 (2008)

Part VII Section A. Officers, Directors, Trus	tees,	Key	/ Er	npl	oy	ees	, ar	nd Highest Co	mpensated Em	ploye	es (cont
(A)	(B)				c)			(D)	(E)		(F)
Name and Title	Average hours				k all	that a		Reportable compensation from	Reportable compensation from		stmated
	per week	or d	Inst	Officer	Key	emp	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	co	ount of other mpensation from the
		rect.	Institutional trustee	ğ	Key employee	Highest compensated employee	व्	(11-2/1033-11130)	(11-2/1035-111130)	l or	ganization ind related
		2	nal c		loye	e					ganizations
		stee	rusk		е	ens					
	1	Ì	1 %	ĺ	ĺ	ated		Ì		1	
	ļ	<u> </u>		<u> </u>	<u> </u>	<u> </u>				 	
CHRIS_ZIMMERMAN			}		l	l				ł	
DIRECTOR	0	X		ļ	़—	<u> </u>		0.	0.	ļ	0
MATTHEW L. MONCUR		,,								ļ	•
DIRECTOR	0	X		-	├-	⊬		0.	0.	<u> </u>	0
KIM MEYER		v		}			ļ				^
COMMUNITY REP	0	X	_		₩	├-		0.	0.	 	0
RENEE N. SORENSEN	0	X				1		0.	0.		^
DIRECTOR DAN OLSEN		^	\vdash	-	\vdash	┢	-	0.	<u> </u>	 	0
DAN OLSEN DIRECTOR	0	X						0.	0.		0.
JOHN MIKE TAIT	 	Α.		<u> </u>	 	\vdash				 	
DIRECTOR	0	Х						0.	0.		0.
FRED M. RILEY		Λ	-	 						 	
BOARD PRESIDENT	0	Х		X				0.	0.		0.
STEVE RUSH		-1			\vdash	<u> </u>			<u> </u>	 	
DIRECTOR	0	Х						0.	0.		0.
BONNIE D. WOOD		22				-				<u> </u>	
DIRECTOR	0	Х						0.	0.		0.
BETTE ARIAL		- 21					-				
DIRECTOR	0	Х						0.	0.	l	0.
CAROL SPACKMAN MOSS		2.								<u> </u>	
DIRECTOR	0	Х						0.	0.		0.
ANNE FREIMUTH					-					<u> </u>	
EXECUTIVE DIREC	40				Х			72,268.	0.		0.
1 b Total			- 1				>	72,268.	0.		0.
2 Total number of individuals (including those in 1a) w	ho rece	ivec	l mo	re t	han	\$10	00.00			 :he	
organization ► 0							•	·	•		
											Yes No
3 Did the organization list any former officer, director	or truete	ام اد	ωv 6	amn'	love		r hic	ahast compansata	d employee		
on line 1a? If 'Yes,' complete Schedule J for such in			.cy c	sinp.	ioye	, 0	11119	girest compensate	d employee	3	X
4 For any individual listed on line 1a, is the sum of rep	ortable	con	nper	rsat	ion .	and	othe	er_compensation f	rom		
the organization and related organizations greater the individual	ian \$150	0,00	02 1	f 'Ye	es' c	com	plete	Schedule J for s	uch	4	l x
										-	
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	mpens: edule J	atior for s	n fro such	m a i pe	ny ι rsor	unre 1	lated	d organization for	services	5	l l x
Section B. Independent Contractors								 	 		
1 Complete this table for your five highest compensate	d indep	end	ent	con	trac	tors	that	received more th	an \$100,000 of		<u> </u>
compensation from the organization											
(A)							Ì	(B)			C)
Name and business address	<u>-</u>		-				 -	Description o	f Services	Compe	nsation
							-				
							\dashv				
							\dashv				
							\dashv				
2 Total number of independent contractors (including t	hose in	1) v	vho	rece	eive	d me	ore t	than \$100,000 in			••••••

compensation from the organization ► 0

Га	T VIII Statement of Nevende	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
 ;	1a Federated campaigns 1a 75, 939.		revenue		312, 313, 01 314
Z S					
OUN	50 160				
TS, C					
IS, GIF	d Related organizations e Government grants (contributions) 1 d 1 e 379,009.				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS.	f All other contributions, gifts, grants, and similar amounts not included above 1f 570, 507.				
NO ON	<u> </u>	1,084,624.			
<u>ы</u>	h Total. Add lines 1a-1f Business Code	1,004,024.			
IN.	2a ANNUAL CONFERENCE	75,838.	75,838.		
Ę.			,		
CE		· · · · · · · · · · · · · · · · · · ·			
- -	c				
MSE	d				
I W	f All other program service revenue				
20	g Total. Add lines 2a-2f	75,838.			
_		, , , , , , , , , , , , , , , , , , , ,			
	3 Investment income (including dividends, interest and other similar amounts)	12,398.			12,398.
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties				
	(i) Real (ii) Personal			·	
	6a Gross Rents				
	b Less, rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 8,096.				
	b Less cost or other basis and sales expenses				
	c Gain or (loss) 8,096.				
	d Net gain or (loss)	8,096.	8,096.		
	83 Gross income from fundraising events				
VENUE	(not including \$ 37,821. of contributions reported on line 1c).				
OTHER REVEN	See Part IV, line 18 a 55,410.				-
HER	b Less direct expenses b 38,789.				
0	c Net income or (loss) from fundraising events	16,621.			16,621.
	9a Gross income from gaming activities See Part IV, line 19				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances a				
	b Less: cost of goods sold b				-
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a				<u> </u>
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, /d, 8c, 9c, 10c, and 11e.	1,197,577.	83,934.	0.	29,019.
RAA	TEEA	0109L 12/18/2008			Form 990 (2008)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2					
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	72,268.	43,361.	18,067.	10,840.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in	0.	0	0	0
7	section 4958(c)(3)(B)	400,466.	334,826.	0.	0.
7	3	400,466.	334,820.	52,843.	12,797.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,219.	5,775.	1,083.	361.
9	Other employee benefits	21,458.	17,166.	3,219.	1,073.
10	Payroll taxes	42,404.	33,923.	2,120.	6,361.
11	Fees for services (non-employees)				
;	a Management				
1) Legal				
	Accounting				
	l Lobbying				
(Prof fundraising svcs See Part IV, In 17				
f	Investment management fees				
g) Other				
12	Advertising and promotion				
13	Office expenses	17,189.	15,986.	859.	344.
14	Information technology				
15	Royalties				
16	Occupancy	11,124.	10,346.	556.	222.
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local				
10	public officials	61 070	61 070		
20	Conferences, conventions, and meetings Interest	61,970.	61,970.		
	Payments to affiliates				
22	Depreciation, depletion, and amortization	9,236.	8,589.	462.	185.
23	Insurance	5,250.	0,303.	402.	105.
	Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	GRANT EXPENSES	39,771.	39,771.		
	MISCELLANEOUS	37,183.	35,697.	1,061.	425.
c	AUTO EXPENSE	17,623.	16,566.	881.	176.
d	PROGRAM MATERIALS COSTS	15,680.	15,680.		
е	TRAINING	15,439.	15,439.		
f	All other expenses	61,052.	40,411.	10,663.	9,978.
25	Total functional expenses Add lines 1 through 24f	830,082.	695,506.	91,814.	42,762.
26	Joint Costs. Check here ► ☐ If following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational				_ _
BAA	campaign and fundraising solicitation				Form 990 (2008)

	411	J Daranos Guest			(A) Beginning of year		End	(B) of yea	ar
	1	Cash - non-interest-bearing			134,772.	1		87,	815
	2	Savings and temporary cash investments			439,613.	2		749,	296.
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net			47,910.	4		53,	855.
	5	Receivables from current and former officers, director or other related parties. Complete Part II of Schedule	rs, trus L	stees, key employees,		5			
	6	Receivables from other disqualified persons (as defin	ed und	der section 4958(f)(1))					
		and persons described in section 4958(c)(3)(B) Com	plete f	Part II of Schedule L		6			
A S S E T S	7	Notes and loans receivable, net				7			
Ę	8	Inventories for sale or use			1,874.	8			888.
Ś	9	Prepaid expenses and deferred charges			9,000.	9			552.
	10a	Land, buildings, and equipment, cost basis	10a	68,054.					
	b	Less accumulated depreciation. Complete Part VI of							
		Schedule D	10b	35,565.	34,572.	10c	_	32,	489.
	11	Investments - publicly-traded securities				11			
	12	Investments - other securities. See Part IV, line 11				12			
	13	Investments - program-related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11			885.	15			885.
	16	Total assets Add lines 1 through 15 (must equal line	34)		668,626.	16		25,	780.
	17	Accounts payable and accrued expenses			12,078.	17		64,	345.
	18	Grants payable		Ţ		18			
	19	Deferred revenue				19		5,	950.
Ļ	20	Tax-exempt bond liabilities	•			20			
Á B	21	Escrow account liability Complete Part IV of Schedul	e D	<u> </u>		21			
LIABILITI	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per	stees, sons	key employees, Complete Part II					
į	ļ	of Schedule L				22			
E S	23	Secured mortgages and notes payable to unrelated the	ıırd pa	rties		23			
	24	Unsecured notes and loans payable				24			
	25	Other liabilities Complete Part X of Schedule D			39,860.	25			
	26	Total liabilities. Add lines 17 through 25			51,938.	26		70,2	295.
N E T		Organizations that follow SFAS 117, check here ▶	X ar	nd complete lines					
		27 through 29 and lines 33 and 34.							
女ののピーの	27	Unrestricted net assets .			616,688.	27	8	316,3	
È	28	Temporarily restricted net assets				28		39,1	L00.
	29	Permanently restricted net assets		_		29			
Ř		Organizations that do not follow SFAS 117, check he	re ▶	and complete					
עסבס		lines 30 through 34.							
В	30	Capital stock or trust principal, or current funds				30			
В	31	Paid-in or capital surplus, or land, building, and equip	ment 1	fund		31			
BALAZCES	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32			
Ĕ	33	Total net assets or fund balances.			616,688.	33	8	55,4	185.
	34	Total liabilities and net assets/fund balances.		. <u></u>	668,626.	34	9	25,7	780.
Pa	rt XI	Financial Statements and Reporting							
1	۸۵۵	ounting method used to prepare the Form 990:	ash	X Accrual	Other			Yes	No
		e the organization's financial statements compiled or r					20		v
		-		•	ccountaint:		2a	X	X
		e the organization's financial statements audited by ar			for oversight of the o	ıdıt	2b		
	revi	es' to 2a or 2b, does the organization have a committe ew, or compilation of its financial statements and selec	ction o	f an independent accou	ntant?		2c	X	
3	a As a	a result of a federal award, was the organization requir it Act and OMB Circular A-133?	ed to	undergo an audit or aud	lits as set forth in the S	Single	اء و		Х
			audito	.?			3a 3b	 -	- 11
RAA		es,' did the organization undergo the required audit or	audits	···				990 (20081

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (cχ3) organizations and section 4947(aχ1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545 0047 2008

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization PREVENT CHILD ABUSE UTAH 74-2434274 Part | Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's Δ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(IV). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross 9 investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h. 11 Type III - Functionally integrated Type II d Type III- Other Type I С By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? (ı) 11g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g (in) Provide the following information about the organizations the organization supports. h (v) Did you notify the organization in col (i) of your support? (iii) Type of organization (described on lines 1-9 above or IRC section (I) Name of Supported (n) EIN (IV) Is the (vi) is the (vii) Amount of Support Organization organization in col organization in col (i) listed in your (i) organized in the (see instructions)) governing document? Yes No No Yes Yes No

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008

Schedule A (Form 990 or 990-EZ) 2008 PREVENT CHILD ABUSE UTAH 74-2434274 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year (d) 2007 (a) 2004 (b) 2005 (c) 2006 (e) 2008 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants'). 399,834 402,533 696,254 709,358. 1,171,137 3,379,116. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge 0. 709,358. 1,171,137. 399,834. 402,533. 696, 254. 3,379,116. Total. Add lines 1-3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) Public support. Subtract line 5 3,379,116. from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 399,834 402,533 696,254. 709,358. 1,171,137 3,379,116. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 35,937 48,198. 56,128 50,042 20,494 210,799. sımılar sources Net income form unrelated business activities, whether or not the business is regularly carried on 0. Other income Do not include gain or loss form the sale of čapital assets (Explain in 0._ Part IV) Total support. Add lines 7 3,589,915. through 10 12 0. 12 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.1% 14 14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f) 86.5% 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f 15 16a 33-1/3 support test - 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization. b 33-1/3 support test - 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. 17a 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 15a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. b 10%-facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts and circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)▶ (a) 2004 (c) 2006 (d) 2007 (e) 2008 **(b)** 2005 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the örganization without charge 6 Total. Add lines 1-5 7a Amounts included on lines 1, 2, 3 received from disqualified persons **b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 16 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 18 % 19a 33-1/3 support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule	A (Form	1 990 or	990-EZ	2008	PREVE	ENT	CHILD	ABUSE	UTAH	Ĭ		74-2434274	Page 4
Part IV	Supi	olemen	tal Inf	ormat	ion. Co	mple	ete this	part to	provid	e the	explanation red additional infor	uired by Part II	, line 10;
[⁻ Part	II, line	17a o	r 17b;	or Part	ΞĤ,	line 12.	Provide	any (other	additional infori	nation. (see ins	tructions)
													
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SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Inspection
Employer Identification number

PR	EVENT CHILD ABUSE UTAH		74-2434274
Pa	rt I Organizations Maintaining Dono	r Advised Funds or Other Similar F	unds or Accounts Complete if
	the organization answered 'Yes' t	o Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject		
6	Did the organization inform all grantees, dono used only for charitable purposes and not for impermissible private benefit??		
Pai	t II Conservation Easements Comple	ete if the organization answered 'Ye	es' to Form 990, Part IV, line 7.
	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e.g., r		on of an historically important land area
	Protection of natural habitat	· · · · · · · · · · · · · · · · · · ·	on of certified historic structure
	Preservation of open space		
2		a qualified conservation contribution in the fo	orm of a conservation easement on the last day
			Held at the End of the Year
a	Total number of conservation easements		2a
Ł	Total acreage restricted by conservation easer	nents	2b
c	: Number of conservation easements on a certif	ied historic structure included in (a)	2c
c	Number of conservation easements included in	n (c) acquired after 8/17/06	2d
3	Number of conservation easements modified,	transferred, released, extinguished, or termi	nated by the organization during the taxable
	year ▶		
4	Number of states where property subject to co	nservation easement is located 🕨	
5	Does the organization have a written policy re- enforcement of the conservation easement it h	garding the periodic monitoring, inspection, iolds?	violations, and Yes No
6	Staff or volunteer hours devoted to monitoring	, inspecting, and enforcing easements durin	g the year ▶
7	Amount of expenses incurred in monitoring, in	specting, and enforcing easements during th	he year ▶ \$
8	Does each conservation easement reported on $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	line 2(d) above satisfy the requirements of	section Yes No
9	include, if applicable, the text of the footnote t	orts conservation easements in its revenue o the organization's financial statements tha	and expense statement, and balance sheet, and at describes the organization's accounting for
Dan	conservation easements. t III Organizations Maintaining Collec	ctions of Art Historical Transcures	or Other Similar Accets
rai	Complete if the organization answ	vered 'Yes' to Form 990, Part IV, In	ne 8.
1 a	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	ic exhibition, education, or research in furthe	
b	If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII,	line 1	▶ \$
	(II) Assets included in Form 990, Part X		►\$ ►\$
2	If the organization received or held works of ar amounts required to be reported under SFAS 1	t, historical treasures, or other similar asset 16 relating to these items	s for financial gain, provide the following
а	Revenues included in Form 990, Part VIII, line	1	* \$
b	Assets included in Form 990, Part X		►\$ ►\$

Schedule D (Form 990) 2008 PREV								342/4	Page 2
Part III Organizations Maint	aining Col	lections	s of Art, His	toric	al Treasures,	or Oth	er Similar A	ssets (C	ontinued)
3 Using the organization's accessing that apply):	ion and other	records,	check any of	the foll	owing that are a	significa	ant use of its co	llection iter	ns (check all
a Public exhibition			d DLoar	orex	change programs	5			
b Scholarly research			e 🗌 Othe	r					
c Preservation for future gene	rations								
4 Provide a description of the organical Part XIV	anızatıon's co	ollections	and explain ho	ow they	/ further the orga	anızatıon	's exempt purp	ose in	
5 During the year, did the organize assets to be sold to raise funds	rather than to	o be mair	ntained as part	of the	organization's c	ollection	?	Yes	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	an amoun	rrangen it on Fo	rm 990, Par	t X, I	r organization ine 21.	answe	ered 'Yes' to	Form 99), Part
1 a Is the organization an agent, tru included on Form 990, Part X?						ther ass	ets not	Yes	No
b If 'Yes,' explain the arrangemen	t in Part XIV	and comp	plete the follov	ving tal	ple.	_			
							-	Amount	
c Beginning balance							c		
d Additions during the year						1	d		
 Distributions during the year 						1	е		
f Ending balance						1	f		
2a Did the organization include an a	amount on Fo	orm 990, I	Part X, line 21	?				Yes	No
b If 'Yes,' explain the arrangement	t in Part XIV							_	
Part V Endowment Funds Co	mplete if	organiza	ation answe	red "	Yes' to Form	990, P	art IV, line 1	0.	
	(a) Curren	nt year	(b) Prior yea	ar_	(c) Two years ba	ck (d) Three years back	(e) Fou	ır years back
1 a Beginning of year balance									
b Contributions									
c Investment earnings or losses									~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
d Grants or scholarships					***************************************				
e Other expenditures for facilities and programs									
f Administrative expenses								-	
g End of year balance									
2 Provide the estimated percentag	e of the year	end bala	nce held as:						
a Board designated or quasi-endov	wment ►		96						
b Permanent endowment ▶									
c Term endowment	8								
3a Are there endowment funds not a organization by	n the posses	ssion of th	ie organization	that a	re held and adm	inistered	d for the	Y	es No
(i) unrelated organizations								3a(ı)	
(ii) related organizations								3a(II)	
b If 'Yes' to 3a(II), are the related o	organizations	listed as	required on S	chedul	e R?			3b	
4 Describe in Part XIV the intended									
Part VI Investments—Land, B	<u>uildings, a</u>	and Equ	uipment. Se	e For	rm 990, Part 2	X, line	10.		
Description of investment	t		or other basis estment)		Cost or other asis (other)	(c) [epreciation	(d) Boo	ok Value
1 a Land									
b Buildings									
c Leasehold improvements	ĺ								
d Equipment	ļ								
e Other					68,054.		35,565.		32,489.
Total. Add lines 1a-1e (Column (d) sho	ould equal Fo	rm 990, F	Part X, column	(B), III			•		32,489.
BAA							Sche	dule D (For	m 990) 2008
							2 3/10		, 2000

74-2434274

Page 3

		4-24342	2.74 Page
******	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		1 107 577
	Total revenue (Form 990, Part VIII, column (A), line 12)	<u> </u> -	1,197,577.
	Total expenses (Form 990, Part IX, column (A), line 25)	<u> </u>	830,082.
3	Excess or (deficit) for the year Subtract line 2 from line 1	- -	367,495.
4	Net unrealized gains (losses) on investments	<u> </u>	
5	Donated services and use of facilities	<u> </u>	57,529.
6	Investment expenses.	<u> </u>	
7	Prior period adjustments	<u> </u>	100 700
8	Other (Describe in Part XIV) SEE PART XIV	<u> </u>	-128,700.
	Total adjustments (net) Add lines 4-8	├	<u>-71,171.</u>
	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		296,324.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	
	Total revenue, gains, and other support per audited financial statements	1	1,170,416.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments.	_ 1	
	Donated services and use of facilities 2b 57,529	-	
	Recoveries of prior year grants 2c	_	
d	Other (Describe in Part XIV) SEE PART XIV 2d 83,110	<u>.</u>	
е	Add lines 2a through 2d	2e	<u>140,639.</u>
3	Subtract line 2e from line 1	3	1,029,777.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
þ	Other (Describe in Part XIV) SEE PART XIV 4b 167,800	<u>.</u>	
С	Add lines 4a and 4b	4c	<u>16</u> 7,800.
_ 5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,197,577.
Par	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
1	Total expenses and losses per audited financial statements	1	887,611.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 57, 529		
b	Prior year adjustments 2b	7	
С	Losses reported on Form 990, Part IX, line 25	7	
	Other (Describe in Part XIV)	7	
	Add lines 2a through 2d	2 e	57,529.
	Subtract line 2e from line 1	3	830,082.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investments expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIV)	7	
	Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)	5	830,082.
	XIV Supplemental Information	<u> </u>	000,002.
Comp line 4	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part I', Part X, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	/, lines 1b a	and 2b, Part V,
- -	· · · · · · · · · · · · · · · · · · ·	· =	

Schedule D (Form 990)) 2008 mental Information (continued)	Page !
Part XIV Suppler	mental information (continued)	
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2008 SC	HEDULE D, PART XIV - SUPPLEME	ENTAL INFORMATIONPAGE
LIENT 219100	PREVENT CHILD ABUSE UTAH	74-24342
1/09/09 SCHEDULE D, PAR OTHER CHANGES I	T XI, LINE 8 N NET ASSETS OR FUND BALANCES	02 33
UNREALIZED LOSS	ON SECURITIES	TOTAL \$ -128,700.
SCHEDULE D, PAR' OTHER REVENUE II	T XII, LINE 2D NCLUDED IN F/S BUT NOT INCLUDED ON FORM !	990
NET ASSETS RELEA	ASED FROM RESTRICTIONS	TOTAL \$ 83,110.
SCHEDULE D, PAR	T XII, LINE 4B NCLUDED ON FORM 990 BUT NOT INCLUDED IN	F/S
	OSSES ON INVESTMENTS RESTRICTED NET ASSETS	\$ 128,700 39,100 TOTAL \$ 167,800

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2008

De In

► Must be completed by organizations that answer 'Yes' to Form 990, Part IV, lines 17, 18,

Open to Public

Inter	nal Revenue Service	or 19, a	nd by organizat	lions that	enter mor	re than \$15,000 on Form	n 990-EZ, line 6a.	Inspection
Nam	e of the organization						Employer identific	ation number
PR	PREVENT CHILD ABUSE UTAH 74-2434274						4	
	Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.							
1	Indicate whether Mail solicitation Email solicitation Phone solicitation In-person solicitation	the organization ons tions ations icitations	raised funds thi	rough any	of the fol	lowing activities Check	all that apply government grants ernment grants g events	
ı	b If 'Yes.' list the te	n highest baid in	dividuals or ent	tities (fund	draisers) p	oursuant to agreements are not required to com	under which the fundra	
	(i) Name of in or entity (fund	idividual draiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				Yes	No			
			ł	l			1	
		<u> </u>						
					_			
	·							
			1	i				
								
						-		
	 							
				_				
	Total		-					0.
3	List all states in w or licensing	hich the organiza	ation is register	ed or licer	nsed to so	licit funds or has been	notified it is exempt fro	m registration
					-			
						· 		
							- -	
	-				- -			
			-					
			. – – – – –					
							- -	

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.							
R			(a) Event #1 ANNUAL DINNER (event type)	(b) Event #2	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))	
REVENUE	1	Gross receipts	93,231.			93,231.	
Ē	2	Less Charitable contributions	37,821.			37,821.	
	3	Gross revenue (line 1 minus line 2)	55,410.			55,410.	
	4	Cash prizes				· · · · · · · · · · · · · · · · · · ·	
D I R E C T	5	Non-cash prizes					
- 1	6	Rent/facility costs					
EXPENSES	7	Other direct expenses	38,789.			38,789.	
E S	8 9	Direct expense summary Add lines 4- th Net income summary. Combine lines 3 ai	-		▶	38,789. 16,621.	
Par		Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pai	rt IV, line 19, or rep	orted more than	
REVENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))	
Ë	_1	Gross revenue					
	2	Cash prizes.					
DIRECT	3	Non-cash prizes					
C S T E S	4	Rent/facility costs					
	5	Other direct expenses		Yes%			
	6	Volunteer labor	Yes∜ No	No Yes %	Yes %		
7 Direct expense summary Add lines 2 through 5 in column (d)							
	8 Net gaming income summary Combine lines 1 and 7 in column (d) YES NO						
9 Enter the state(s) in which the organization operates gaming activities a is the organization licensed to operate gaming activities in each of these states? b if 'No,' Explain:						_	
10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain.							
11	– – - – – - Does	s the organization operate gaming activitie	s with nonmembers?				
12	Is the	e organization a grantor, beneficiary or tru inister charitable gaming?		mber of a partnership o	r other entity formed to	12	

Schedule G (Form 990 or 990-EZ) 2008 PREVENT CHILD ABUSE UTAH 13 Indicate the percentage of gaming activity operated in a The organization's facility b An outside facility 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records. Name: Name:
Name: ►
Address:
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address
Name· ▶
Address:
16 Gaming manager information
Name: ▶
Gaming manager compensation ► \$
Description of services provided:
Director/officer Employee Independent contractor
17 Mandatory distributions
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year BAA TEEA3703L 07/18/08 Schedule G (Form 990 or 990-EZ) 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

PREVENT CHILD ABUSE UTAH	74-2434274					
FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT						
TONY_DIVINO_AND_CYNTHIA_DIVINO_ARE_MARRIEDTHE_HONORABL	E_ROGER_DUTSON_AND_ANITA					
DUTSON_ARE_MARRIED						
FORM 990, PART VI, LINE 5 - DESCRIPTION OF MATERIAL DIVERSION	N OF ASSETS					
A FORMER EMPLOYEE WAS DISCOVERED TO HAVE EMBEZZLED APPRO	XIMATELY \$4,500. THE					
SUSPECT HAS BEEN CHARGED AND THE OUTCOME OF LEGAL PROCEE	DINGS IS PENDING.					
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY						
CURRENT BOARD MEMBERS VOTE ON NEW BOARD MEMBERS ON AN AN	NUAL BASIS.					
FORM 990, PART VI, LINE 8 - EXPLANATION OF NO CONTEMPORANEOUS	SLY DOCUMENTATION OF MEETINGS					
MINUTES ARE KEPT OF ALL BOARD MEETINGS AND DECISIONS THE	REIN. THE BOARD DOES NOT					
DELEGATE DECISION MAKING AUTHORITY TO ANY COMMITTEE. DU	E TO THE ABSENCE OF ANY SUCH					
COMMITTEE, DOCUMENTATION IS NOT NECESSARY.						
FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS						
BOARD OF DIRECTORS AND EXECUTIVE DIRECTOR REVIEW THE RET	URN PRIOR TO FILING.					
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENF	ORCEMENT OF C					
CHANGES IN THE INTERESTS OF BOARD MEMBERS ARE REQUIRED TO	O BE DISCLOSED, SO THAT THEY					
MAY BE EXAMINED FOR POTENTIAL CONFLICTS OF INTEREST.						